

**STATE OF NEW JERSEY**  
**DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS**  
**Accounting Services**  
**PO Box 295**  
**Trenton, New Jersey 08625-0295**

☐ 1st Qtr. 20\_\_\_\_  
☐ 2nd Qtr. 20\_\_\_\_  
☐ 3rd Qtr. 20\_\_\_\_  
☐ 4th Qtr. 20\_\_\_\_

**REPORT OF UNEMPLOYMENT, WORKFORCE DEVELOPMENT  
& HEALTH CARE CONTRIBUTIONS**

*See reverse side for instructions and mailing address.*

<b>Employer s Name, Address, Identification Number</b>				<b>For the Quarter Ended:</b>	
				<b>Due:</b>	
1. Number of covered workers employed during the pay period which includes the 12th day of each month			1st Month	2nd Month	3rd Month
2. Total of all wages paid - including those in excess of \$23,900			\$		
3. Wages paid in excess of first \$23,900			\$		
4. TAXABLE WAGES - Item 2 minus Item 3			\$		
5. RATES -	Unemployment	Workforce Development	Health Care Subsidy		
	.001825	.000425	.00200	0.00425	
6. TOTAL CONTRIBUTIONS DUE - Multiply Taxable Wages in Item 4 by rate in Item 5			\$		

I certify that the information contained in this report is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Official Position

\_\_\_\_\_  
Date

## INSTRUCTIONS

**THIS REPORT MUST BE FILED AND REMITTANCE MADE WITHIN 10 DAYS AFTER THE END OF EACH CALENDAR QUARTER. IDENTIFICATION NUMBER MUST ALWAYS BE INDICATED.**

**MAXIMUM DEDUCTIONS FROM ANY EMPLOYEE MAY NOT EXCEED \$101.58 DURING THE CALENDAR YEAR.**

**ITEM 1 - NUMBER OF COVERED WORKERS:** Enter in the space provided for each different month the number of workers who worked or received compensation during the payroll period that includes the 12th day of the month. This number should include workers on daily, weekly, semi-monthly, monthly, semi-annual, annual and any other type of payroll. The number of workers should include all full-time and part-time workers, those engaged in force-account construction and those on paid vacation and paid sick leave. Exclude from the count those workers on pension, those in the armed forces and those on leave of any kind without pay. (NOTE: Workers who, because of labor dispute, did not work or receive compensation in the payroll period considered should be excluded.)

**ITEM 2 - TOTAL OF ALL WAGES PAID:** Enter the total of all remuneration for services rendered, without deductions, paid during this quarter of employment, regardless of the period in which such wages were earned. The amount of wages entered here should, in all cases, include those in excess of the first \$23,900 and should include money wages and a reasonable cash value of all other remuneration in some other form other than cash such as room and board, lodging, etc. See N.J.A.C. 12:16-4.8. Money Value for Board and Room, Meals and Lodging for the minimum value placed on such remuneration in kind. (NOTE: the amount of wages entered in Item 2 must equal the Total Gross Wages Reported on form WR-30.)

**ITEM 3 - WAGES PAID IN EXCESS OF \$23,900:** Enter any wages paid during this quarter and included in Item 2, in excess of \$23,900 to any individual during the calendar year and reportable as taxable wages for covered employment in this or any other state.

**ORIGINAL (White)** - To be returned with remittance to the Division of Pensions and Benefits.

**DUPLICATE (Pink)** - To be retained by you.

**MAKE CHECKS PAYABLE TO: TREASURER - STATE OF NEW JERSEY**

**MAIL COMPLETED FORM TO: ACCOUNTING SERVICES  
DIVISION OF PENSIONS AND BENEFITS  
PO BOX 295  
TRENTON, NJ 08625-0295**